

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038156

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9175

FILED SEP 19 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2	20/9
3	
4	1
5	1
6	
7	2
8	2
9	
10	
11	
12	90-0
13	
90	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8205 Vulcan		d. STREET ADDRESS (If outside, give location) 8205 Vulcan	
3. NAME OF DECEASED (Type or print) First MIDDLE Last URSULA WIECZOREK		4. DATE OF DEATH Month Day Year Sept. 11, 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-27-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Poland
13a. FATHER'S NAME Anton Jatkowski		13b. MOTHER'S MAIDEN NAME Unk	14. NAME OF HUSBAND OR WIFE Joseph Wieczorek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. [redacted]	17. INFORMANT St. Louis, Mo. ph Wieczorek 8205 Vulcan
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Hypertensive cardio vascular DUE TO (c) disease with myocardial damage PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1			INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION March 1-63 Sept. 11-63	
21. I attended the deceased from Death occurred at 11 a.m.		and last saw her alive on Sept. 5-63	
22a. SIGNATURE George A. O'Sullivan, M.D.		22b. ADDRESS 7629 Ivory Ave	22c. DATE SIGNED 9-12-63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9-14-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive	23d. LOCATION (City, town, or county) (State) Lemay, Mo.
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. SEP 13 1963	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Sullivan
leave at St Anthony's Hosp office
Dr. J. Sullivan would have been
called when Cert is signed

Q2-0149

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James C. Dale

Licensed Embalmer No. 4347

P. O. Address 6322 So. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.